

Rhode Island Department of Labor and Training

For Office Use Only Approval Date: 10/1/2014

Workforce Investment Act Eligible Training Program

Provider Name: 911Pro	ograms Inc Contract #:5050-28					
Address:		Address	s if program	is held at a ai	nother site:	
175 Metro Center Blvd Unit 1						
Warwick, RI 02886						
Program Name: Certified Billing and Codin	g Specialist					
Office use only: ONET CODE 43-6013 & 43-						
CONTACT INFORMATION		101 770 7710			101 700 5107	
Program Contact Person: Valerie Howe	Pho Ema		ograms com	Fax: Website:	401-789-5487 www.911Pro	
valorio Flowe		valorio@offic	ogramo.com	_ website.	<u>www.511110</u>	gramo.oom
	D					
Course Outline/Topics to be Covered This 16 week Program includes training in Infection	Required academic		r program			
Control, Basic Human Anatomy & Physiology, Medical	Reading Grade Level	8th	_			
Terminology, Legal issues, Communication, & Documentation. During the Core Curriculum, students	Math Grade Level	6th	_			
learn about the Medical Coding & Billing profession,	English Proficiency	Must be able to read	d. write, and sp	eak English Fluent	Iv	
basic concepts of medical coding and billing,	g,		-,	g	<u>.,</u>	
appointment scheduling, medical office accounting procedures, reports in the medical office, as well as	Required to enter tra	ining program	1	MAY be requir	red for employm	ent
ICD-9/ICD-10 and CPT coding. Upon completion of the	Physical Ye			Physical	✓ Yes	No
didactic portion, students sit for the National Healthcareer Association Certification Examination	Vaccinations \square_{Ye}	=		Vaccinations	_	□ No
which is the course ending final examinations May	Drug test ☐ Ye			Drug test	✓ Yes	☐ No
include externship upon successful NHA testing.	BCI Ye	es No		BCI	✓ Yes	No
	License Ye	s No		Certification	✓ Yes	No
	Tools Ye	_		License		No
	Experience Ye			Tools	=	No
	Other : High School	Diploma / GED		Experience	Yes	No
				Other:		
	Participants will be o	qualified to seek em	ployment in	n the following	occupations:	
		ng and Account Mgr	_ 2)	Health Informa		
	3) <u>Med</u>	ical Office Assistant	_ 4)	Medical Secre	tary	
	Is this program Pell	grant eligible?		Yes	✓ No	
PROGRAM COSTS:				ı		
TUITION INCLUDES:	These are expenses		ursed	Participant is	rosponsible fo	
TUITION INCLUDES:	after successful con	npletion of training.		Participant is	responsible fo	or :
Tuition \$3,900.00	Please indicate Yes, No or	enter the amount		Prerequisites		
Fees \$50.00	YES		IOUNT	Memberships	_	
Books incl	BooksY					
Licensing \$115.00 Certificate fees incl	Licensing Y					
Certificate fees incl Other, provide explanation	Uniforms					
Student Liability \$20.00	Travel			Cost above tuit	 tion cap	\$0.00
Uniform \$35.00	Miscellaneous		55.00	Expenses that	-	40.00
Fac: Application for				reimbursed	MAT De	<u>\$5.00</u>
Fee: Application fee						
Total Tuition Cost \$4,120.00		Total \$	5.00		Total	\$5.00
Maximum ITA Responsibility (Max. \$5500)		Classes are he	eld on Mono	lav. Tuesdav	Thursday even	ings from
max. 45500)	PROGRAM LENGTH Weeks and Hours					
	weeks and Hours and					
\$4,120.00	Additional Information	<u>on</u>				
ΨΨ, 120.00						